GET THE LEAD OUT

Putting KidsFirst When it Comes to Lead Poisoning

–Governor Jim Doyle

We have known for decades the damage that chipping and peeling lead-based paint can do to deny kids their future as healthy adults.

It happens soon after they learn to stand or walk, and long before they learn to read. The majority of these kids come from our poorest families. The effects of lead poisoning can be devastating and lifelong– resulting in lowered IQs and increased learning disabilities, seizures, and coordination problems, and in some cases, death.

My administration is doing all that we can to ensure that Wisconsin's kids are healthy and safe. Through my KidsFirst agenda, we are educating parents and landlords about the dangers of lead poisoning and cutting down on its occurrences. We've trained workers that do home visits to recognize warning signs so they can recommend ways the family or property owner can make the home safe for their child.

With partners across the state– housing agencies, physicians, managed care organizations, parents, child care providers, and other agencies– we are working to bring awareness to this issue and protect the health of our young children and families.

A report recently released by the Wisconsin Department of Health Services states that 4.7 percent of children in Wisconsin's 2006 kindergarten classes were known to be lead poisoned, or roughly one student in every classroom in the state. These students may need special education or other special attention throughout elementary school and beyond, due to the learning disabilities associated with lead poisoning. The costs associated with these effects are borne by us all– loss of earnings over a lifetime, direct medical care, special education, treatment of attention deficit hyperactivity disorder, juvenile delinquency, and perhaps eventually, adult crime.

According to a review commissioned for the state, the estimated health care costs accrued by each child under the age of six who is exposed to old lead-painted windows or other sources of lead dust is $40,000-50,000.

That's why I've been working hard to reduce poisoning by eliminating lead in the home, and increasing prevention and testing to protect our children.

First, we are making sure that we have trained professionals to identify the problem. Wisconsin law regulates the identification, removal and reduction of lead hazards. It regulates lead hazard reduction activities involving target housing and child-occupied dwellings to ensure that activities are performed without exposing occupants to hazardous levels of lead. Persons conducting these types of activities must attend accredited training courses and receive certification. Professionals who work in various capacities of lead

Kids poisoned by lead are among some of the most vulnerable of all Wisconsin citizens, and it is up to us to protect them.

hazard identification and abatement must be certified by the state. This activity has led to an increase in capacity of over 1,500 certified lead professionals and workers.

At the Sixteenth Street Community Health Center (SSCHC), a federally-qualified health care center located in a predominantly Hispanic neighborhood in the City of Milwaukee's south side, we have allocated money to conduct an evidence-based, two-prong lead outreach program with at-risk families. The goals are to increase blood lead testing of all children under the age of 6 and conduct early intervention in-home hazard assessments with families of children with low level lead exposure to prevent further exposure. The success of the SSCHC program is demonstrated by the rate of childhood lead poisoning in their community dropping from 34% in 1995 to 7% in 2004; that's a change from one in three children to less than one in ten children.

Second, we are working with federal, state, local and private sector partners to access federal funds to correct lead paint hazards in older homes. The Wisconsin Department of Administration, cities of Milwaukee and Sheboygan, and Kenosha, Racine and Rock counties have sought and received Department of Housing and Urban Development (HUD) lead hazard control grants, which work to address lead hazards in dwellings occupied by low to moderate income families before a child is poisoned.

Since 2002, the communities of Beloit, Janesville, Milwaukee, Kenosha, Racine, and the counties of Sheboygan and Rock have applied for and received more than $21 million in competitive grant funds from HUD to conduct intensive local rehabilitation of old housing.

In addition to competitive federal funding, we've issued Community Development Block Grants (CDBG) to 21 communities, which have been used to address housing needs, including better housing conditions for low and moderate-income families. Many communities, such as Appleton, Green Bay, Kenosha, Oshkosh, Racine, Sheboygan, and Wausau, have set up housing rehabilitation loan programs that began with CDBG funds and are now self-supporting, using revenue from repaid loans for new housing rehabilitation projects that address lead hazards.

Recent data from the Wisconsin Childhood Lead Poisoning Prevention Program indicates that the rate of lead poisoning is dropping about 12 times as quickly in those communities that have garnered multiple years of locally focused federal dollars for lead hazard control compared to those with resources not so readily available.

This information clearly demonstrates that we must pick up the pace of controlling lead hazards in our old housing stock in all Wisconsin communities if we want Wisconsin's children to grow up safe, healthy and successful.

As Governor, I will continue to support efforts to prevent lead poisoning. Kids poisoned by lead are among some of the most vulnerable of all Wisconsin citizens, and it is up to us to protect them. ❑

The Status of Childhood Lead Poisoning in Wisconsin 2008

—Wisconsin Department of Health Services, Childhood Lead Poisoning Prevention Program

Children living in Wisconsin are at higher risk for lead poisoning than children living in most other states largely due to the fact that much of Wisconsin's housing stock was built before lead paint was banned.

Although the sale of lead-based paints for household use was banned in the United States in 1978, it still coats the walls, window frames and sills, doors, floors and ceilings of many older homes. Virtually all homes built before 1950 have lead-based paint, as do many built since 1950. Over time, paint chips and fine dust from lead-based paint and varnish form on walls, ceilings, window sills, window troughs, and on floors and stairwells, where they become easily available for ingestion by toddlers and small children.

The Scope of the Problem in Wisconsin

Wisconsin is a 'rust-belt' state, with an abundance of older neighborhoods and old housing built during the industrial boom that started in the mid-1800s. Much of Wisconsin's industrial base has been lost during the past decades, leaving these older neighborhoods without a viable economic base, subject to disrepair and neglect. Many Wisconsin families with young children live in such neighborhoods, in older homes that have lead-based paint hazards. The combination of old housing, poverty and associated socio-economic factors contribute to a risk of childhood lead poisoning in Wisconsin that is persistently much higher than the national average (CDC Surveillance Data 1996-2006). Residential sources of lead-based paint remain by far the leading source of lead exposure for Wisconsin children.

Wisconsin childhood lead poisoning facts:

- Childhood lead poisoning in Wisconsin is a statewide problem.
- Lead-poisoned children have been identified in each of Wisconsin's 72 counties.
- More than 40,000 children under age six have been identified with lead poisoning in Wisconsin since 1996.
- During 2006 alone, an average of four new children were identified with lead poisoning every day of the year.
- Of the children who entered kindergarten in 2006, roughly one student in every classroom in the state was known to be lead poisoned.

Effects of Lead on Children

There is no safe level of lead in the human body; even very low levels of lead exposure can cause permanent brain damage and negatively affect health throughout the child's life.

Lead interferes with the normal development of a young child's brain, and can result in reduced intellectual functioning, language development problems, a diminished capacity to learn, attention disorders and developmental delays. There is a greater likelihood of antisocial behavior and behavior problems, such as aggression and hyperactivity, among lead-poisoned children.

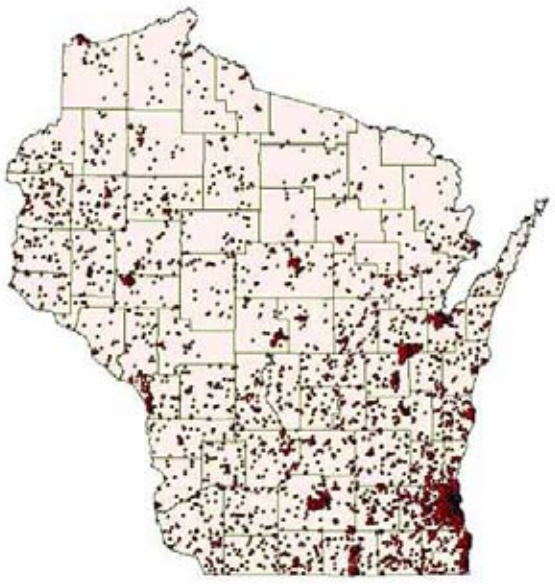

Figure 1. Dots represent location associated with lead poisoned children under the age of six, Wisconsin 1996-2006.

Lead poisoning is associated with a greater chance that a child will experience problems in school due to learning difficulties. These problems can lead to higher rates of high school dropout, teen pregnancy and juvenile delinquency. Research has demonstrated that childhood lead poisoning is a powerful predictor of school disciplinary problems, juvenile delinquency and adult criminality. These studies refer to lead poisoning as this country's most preventable cause of antisocial behavior.

Lead poisoning has a lasting impact; it is associated with negative health effects across the lifespan. Lead poisoning during childhood can increase the risk of death from stroke and heart attack as an adult. Studies also show that childhood lead exposure is linked to adult kidney disease, diabetes and cognitive deficits such as memory loss and Alzheimer's disease.

Who is Being Lead Poisoned in Wisconsin?

Data from the Wisconsin Childhood Lead Poisoning Prevention Program (WCLPPP) show that the number and rate of children known to have lead poisoning have declined steadily over the last decade (Figure 2). However, in 2006 alone, more than 2,100 children under age six, or 2.6% of children tested, were found to be lead poisoned. This prevalence rate is more than twice the 2006 national average of 1.2%. According to data published by the CDC, Wisconsin has consistently ranked within the top nine states nationwide, and near the top among states in the Midwest for the last decade. Among the eight Midwestern states that reported to the CDC in 2006, Wisconsin had the second highest number of lead poisonings per thousand children under age six.

A number of risk factors define which children are being lead poisoned in Wisconsin. These risk factors include: 1) age of child; 2) the age of the home in which a child resides; 3) the income status of the child's family; and 4) the child's race or ethnicity.

Age of Child. Research indicates that a child's blood lead level tends to be highest between 18 to 36 months of age. This is attributed to frequent hand-to-mouth behavior and the increase in mobility during the second and third years of age which makes dust containing lead more accessible to the child. In Wisconsin, lead poisoning rates are highest at two years of age (2.4 %), and are only slightly lower at ages one (1.9%) and three (1.9%).

Family Income. Children from low income families in Wisconsin are at greater risk for lead poisoning, largely because they have limited options for selecting housing. A child who receives either Medicaid health care benefits or vouchers from the Supplemental Food Program for Women, Infants and Children (WIC) is considered low income. In 2006, 86% of the children found to be lead poisoned were enrolled in one or both of these programs. In 2006, the prevalence rate of lead poisoning among children enrolled in Medicaid or WIC was more than three times higher than among children who were not enrolled in either of these programs.

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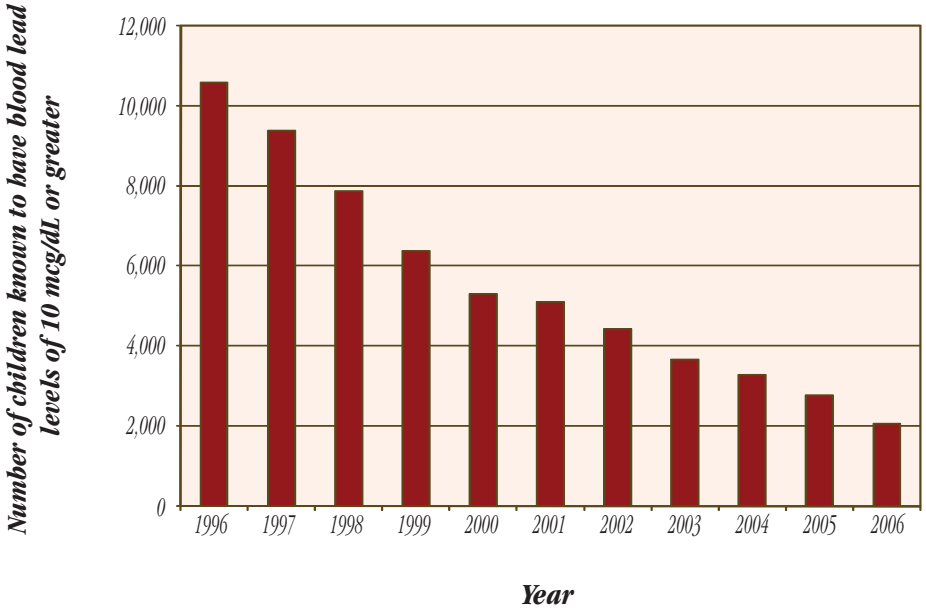

Figure 2. Number of Wisconsin children under age six who were lead poisoned by year, 1996-2006 (source: WCLPPP Surveillance Data, 1996-2006).

Lead Free Children in Your County

–Karen Ordinans , Executive Director & George Carns, Lead Poisoning Project Manager, Children's Health Alliance of Wisconsin

Childhood lead poisoning remains a serious health hazard for infants and children in every Wisconsin county. Since 1996, over 40,000 children have been identified with lead poisoning. For the last decade Wisconsin has consistently ranked within the top ten worst states in the Midwest and nationwide for the rate of lead poisoned children under age six.

Childhood lead poisoning is totally preventable. We know how to inform communities about lead hazards in the home; we know how to test children for elevated blood lead levels; and we know how to control and eliminate lead paint hazards from older homes. What we need is effective public policy and additional resources to get the job done.

Children's Health Alliance of Wisconsin, a statewide advocacy organization, has identified the elimination of childhood lead poisoning as one of several key child health initiatives and is working to advance the policy priorities of the Wisconsin Childhood Lead Poisoning Elimination Implementation and Oversight Committee (IOC).

The Alliance is building a statewide coalition to advocate for new public policies that will help eliminate childhood lead poisoning. The coalition includes representatives from health care, housing, youth-serving organizations, apartment associations, businesses and public officials.

Several key strategies include modifying Wisconsin State Statutes Chapter 254 and increasing resources for comprehensive lead hazard investigation and intervention.

In addition to this legislative initiative, the Alliance is focusing efforts on advancing IOC priorities for:

- Increased resources for lead-safe and affordable housing.
- Increased coordination among public and private housing agencies.
- Incentives for affordable renovation loans.
- Standards for intact paint.

WCA can take action

The Alliance along with its statewide partners is asking the Wisconsin Counties Association (WCA) to support a resolution at the October WCA conference. The resolution supports earlier public health intervention and increased resources to help stop childhood lead poisoning. The WCA Health and Human Services Committee forwarded the resolution for consideration at the October WCA conference that contains the following key resolves:

"NOW, THEREFORE, BE IT RESOLVED that the Wisconsin Counties Association, in conference assembled, does hereby support a revision to Section 254.11(5m) Wisconsin Statutes to require lead hazard investigation and intervention when a child has a blood lead level of 10 micrograms per deciliter (mcg/dL) or more; and

"BE IT FURTHER RESOLVED that an additional $1 million in funding per year be allocated statewide to local public health departments to cover the costs associated with an increased number of investigations and interventions as a result of lowering the statutory threshold to an elevated blood lead level (EBLL) of 10mcg/dL."

Lowering the blood lead level (BLL) at which intervention is required will result in the need for county and municipal public health officials to conduct a greater number of home-visits and lead hazard risk assessments. When a child is found to be poisoned at or above the

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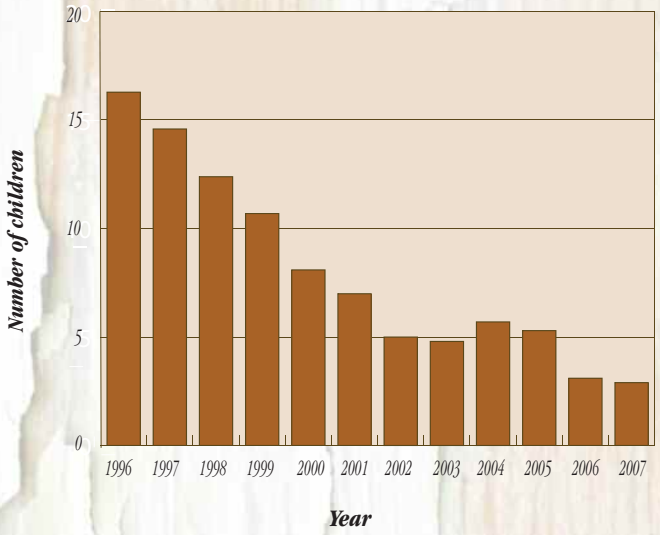
Racine Childhood Lead Poisoning Prevention Program

–Marcia J. Fernholz, Director of Environmental Health, Racine City Health Department

In 1992, the federal Centers for Disease Control and Prevention began providing funding to the Racine Health Department for lead poisoning prevention activities, including blood lead testing, case management and education. It was determined that the City of Racine had an at risk population for lead poisoning. The combination of a young population (6,595 children ages 1-5), with low to moderately low income living in an old housing stock (95% built before 1980), places Racine children at high risk for lead poisoning. Approximately 11,100 households in the City of Racine are considered low income and are at a great risk of containing lead based paint. In Racine, 36% of the houses built prior to 1950 are rental properties and are likely to contain lead.

A majority of the City of Racine's at risk population reside in census tracts 1-7. In census tracts 1-7, there are

Lead Poisoning Prevelance (children less than six) Racine 1996-2007



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Kenosha/Racine Lead Free Communities Partnership

–Deborah McLemore, Program Manager, Kenosha/Racine Lead Free, Communities Partnership

Residents of the County of Kenosha and the City of Racine have an opportunity to make their homes lead-safe at a reduced cost. The Kenosha/Racine Lead-Free Communities Partnership is in the second year of a $3.99 million grant from the U.S. Office of Housing and Urban Development. By 2010, the program will eliminate lead hazards in at least 400 homes.

Since August 2007, the program has completed 123 units and, in the process, have served more than 109 children under age six, including 22 with lead poisoning. In 2007, the two communities had 148 children with lead poisoning, a number the communities hope to see decline as their work continues. Lead poisoning in children can cause serious, long-term health consequences such as behavioral problems, learning disabilities, brain damage and, at very high levels, can even result in death.

Despite all the recent media attention given to imported toys containing lead, the number one cause of childhood lead

A home completed by the Kenosha/Racine Lead-Free Communities Partnership.

poisoning is still lead-based paint in homes, specifically old windows. The Kenosha/Racine Lead-Free Communities Partnership is attempting to eliminate this cause by replacing these old windows with new, energy star, vinyl windows. As an

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Preventing Childhood Lead Poisoning in the City of Eau Claire

–Courtenay E. Johnson, MS, RS, Director of Environmental Health, Eau Claire City-County Health Department

A steady decrease in the prevalence of blood lead cases in the City of Eau Claire has been shown over the past 20 years. The Intensified Housing Code Compliance Program, which was initiated in 1980 in the City of Eau Claire, plays an important role in the decrease in childhood lead poisoning cases.

The Intensified Housing Code Compliance Program involves a systematic housing inspection effort consisting of two parts: (1) exterior survey to determine properties in need of inspection, and (2) property inspection. Inspections are conducted in targeted areas within the City of Eau Claire, primarily those with houses older than 1950. The significance of a home built prior to 1950 is the increased risk for childhood lead poisoning, primarily due to the presence of lead in paint. Significant exposures include cracked and peeling paint on walls and other surfaces, paint dust in high friction areas such as windows and doorways, and paint chips/dust in soil surrounding the exterior of a home. The intensified housing program exterior survey provides information on the condition of windows and exterior paint.

The City of Eau Claire, to date, has 7,683 houses built prior to 1950, which accounts for 31% of all houses in the city. The last exterior survey was conducted in 2004, and a total of 6,806 dwellings were surveyed, many of which were built prior to 1950.

Using GIS mapping software, the exterior condition results of the Intensified Housing Program Survey were mapped allowing the Eau Claire City-County Health Department to identify specific areas in the city needing further inspection for lead poisoning hazards. The state of Wisconsin has also developed maps showing blood-poisoned children in the City of Eau Claire. When comparing both of these maps, similarities are seen. Sixty percent (60%) of children identified to be blood lead poisoned in the City of Eau Claire live in the target area identified by the survey results.

The program design continues to be effective in the identification of the more significantly deteriorated dwellings in the City of Eau Claire by utilizing an objective means (points system) to assess the property conditions. Over the last 27 years, this assessment (survey) tool has lead to the inspection of 3,117 properties, many of which were further identified as having significant interior health and safety hazards such as lead poisoning hazards. Program efforts have resulted in a decrease in the significant exterior condition points (range 10-18) from 7.1% in 1993 to 1.8% in 2004.

Our department maintains four Environmental Health Specialists who are state certified as lead risk assessors and inspect for lead based paint hazards and initiate enforcement action, if necessary. Our department also uses an X-ray Fluorescence Analyzer to test for the presence of lead on painted surfaces. Our Health Department Laboratory is also able to test for lead in soil, paint and dust samples using an atomic absorption spectrophotometer.

Our community has seen a continued decrease in the prevalence (total identified burden of lead poisoning in the community) of blood lead cases from 2.0 in 2000 to 0.5 in 2006. Our department believes that the Intensified Housing Code Compliance Program created in the late 1970's has had a significant prevention impact on the health and safety of Eau Claire children. ❑

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Race/Ethnicity. While children of all races and ethnicities have been identified with lead poisoning in Wisconsin, minority populations share a greater burden of the lead poisoning problem. Lead poisoning rates are highest among African-American children, followed by Hispanic and Asian children. Non-Hispanic white and Native American children have the lowest lead poisoning rates.

Age of Housing. National data have shown that children who live in old housing, where lead paint is more prevalent, are at greater risk for lead poisoning than children who live in newer housing. This same relationship is evident in Wisconsin, where 90% of children first identified with lead poisoning live in homes that were built before 1950.

A recent study completed by the WCLPPP matched addresses in tax assessor files from 16 Wisconsin cities with addresses of children who had received blood lead tests. The risk of a child becoming lead poisoned was 6.4 times greater for tested children living in dwellings built before 1950 compared to children living in post-1950 dwellings.

Higher Risk Communities in Wisconsin

While lead poisoning is a risk statewide, significantly higher rates are seen in certain communities or neighborhoods where older housing is more prevalent. Wisconsin communities with the highest lead poisoning rates are Milwaukee, Sheboygan and Racine (6.1%, 4.5% and 3.1% respectively). Some individual neighborhoods within these communities have much higher rates of poisoning.

Pockets of lead poisoning can be found in virtually every older Wisconsin community. Nearly one quarter of the 40,000 children poisoned from 1996 through 2006 live in communities with fewer than 50,000 residents, and more than 15% were from communities with fewer than 20,000 residents. Data shows that 31 communities in Wisconsin [Appleton, Bangor, Baraboo, Beloit, Cambria, Cuba City, Eau Claire, Fall River, Fond Du Lac, Grantsburg, Green Bay, Hartford, Hazel Green, Janesville, Juneau, Kaukauna, Kenosha, Manitowoc, Milwaukee, Oshkosh, Poplar, Racine, Richland Center, Sheboygan, South Milwaukee, Sparta, Waukesha, Waupun, Wausau, West Allis, Weyauwega] have one or more census tracts with poisoning rates significantly greater than the mean statewide rate of 2.6%. This shows that childhood lead poisoning is a statewide health problem.

Fixing the Problem

Identifying and evaluating the lead paint hazards in Wisconsin's old housing stock is the essential first step toward stopping the poisoning of children. An effective way to control the most common lead hazards is to replace old windows and doors. For many other building components, repainting can be very effective. However, if paint is failing because of substrate

damage from water or moisture, it is important to control the sources of excess moisture before repainting or the paint will quickly fail again. Repainting is less effective for controlling lead exposure from surfaces subject to weather, impact or friction such as exterior walls, doors or windows. Generally, interior walls, trim and ceilings can be safely repainted. Precautions should be taken to control and clean up lead-based paint chips and dust removed from surfaces before repainting. Educating the public about lead hazards in the environment and ways to correct the hazards is part of the solution.

Wisconsin has come a long way in the past few years toward correcting lead paint hazards and protecting our future generations of children from the harmful lasting effects of lead poisoning. However, much work remains to be done. We must share our knowledge and resolve to collaboratively work to eliminate childhood lead poisoning. ▫

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statutory intervention level, county and municipal public health officials are mandated to follow-up with a lead hazard investigation to determine the source of the lead poisoning. When lead hazards are found through testing of paint chips or dust, the owner of the home is ordered to control, correct or abate the lead hazard within a certain time period. Some localities provide renovation grants and loans to homeowners to help with lead hazard control. Public health workers also provide counseling to families about simple lead-safe clean-up procedures and other hazard reduction measures.

The resolution calls for legislation to include an additional state appropriation of $1 million per year for distribution to local health departments for the increased workload as a result of increased home assessments triggered by the reduced intervention level. This proposal is to avoid an unfunded mandate on counties or municipalities.

The Alliance and its partners ask for your support of this important resolution at the October conference. WCA members also will have the opportunity to attend a workshop on the impact of childhood lead poisoning within counties and steps that can be taken to eliminate lead hazards.

The Alliance and its coalition partners are building support among state legislators to sponsor and pass necessary legislation and also seeking Governor Doyle's support to assist in this effort. The Alliance and its coalition partners are

recruiting additional organizations throughout the state to help enact this important and practical public health legislation. WCA members can help by encouraging their own state legislators to support this legislation and help to educate constituents about the prevention of childhood lead poisoning in their own communities.

Rationale

The current Wisconsin state statute Chapter 254 requires public health departments to conduct an investigation and intervention at an elevated blood lead level (EBLL), defined as a BLL of 20 mcg/dL (micrograms per deciliter of whole blood) or more, or persistent BLLs of 15mcg/dL or more. According to scientific studies, lasting brain damage and future health and behavior problems occur at blood lead levels at or below 10 mcg/dL.

Before the mid-1960s, lead poisoning was defined by the Centers for Disease Control (CDC) as a BLL of 60 mcg/dL or more. As evidence accumulated on the harmful effects of lead exposure, the BLL of concern was progressively shifted downward. In 1991, the CDC set the level of concern as a BLL equal to or greater than 10 mcg/dL.

Many studies demonstrate that BLLs at (or even below) 10 mcg/dL have serious negative impact on children's cognitive function. The Wisconsin statutory definition of an EBLL is not consistent with scientific consensus about the damage done by lead to young children. In order to ensure the health and safety of Wisconsin children, the state statute should be changed to reduce the required intervention level to a BLL of 10 or more mcg/dL.

For more information about childhood lead poisoning elimination, please contact George Carns, lead poisoning project manager, Children's Health Alliance of Wisconsin, at *gcarns@chw.org* or Karen Ordinans, executive director, Children's Health Alliance of Wisconsin, at *kordinans@chw.org*. Visit the Alliance Web site at *www.chawisconsin.org* and the lead-safe Wisconsin Web site at *www.dhs.wisconsin.gov/lead/*.

Children's Health Alliance of Wisconsin is a statewide voice for children's health. The Alliance brings people together to influence public policy, raise awareness and promote best practices. The Alliance works to improve the health of Wisconsin children and is affiliated with Children's Hospital and Health System. The Alliance leads and manages the Childhood Injury Prevention Network, the Wisconsin Asthma Coalition, and the Wisconsin Oral Health Coalition. Visit www.chawisconsin.org for more information. ❑

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8,416 (65%) homes that were built prior to 1940. According to the latest census data, 4,229 children (48%) less than six years of age live in census tracts 1-7 and 52% of these homes are renter occupied.

The map below represents the distribution of Racine children who were identified with lead poisoning from 1996 to 2006. Each black dot represents an address associated with one or more lead poisoned children in the City of Racine (blood lead levels greater than 10 mcg/dL). The darker gray areas represent the oldest housing stock (census tracts 1-7). There is a clear association of lead poisoning with the oldest housing.

What role to we play?

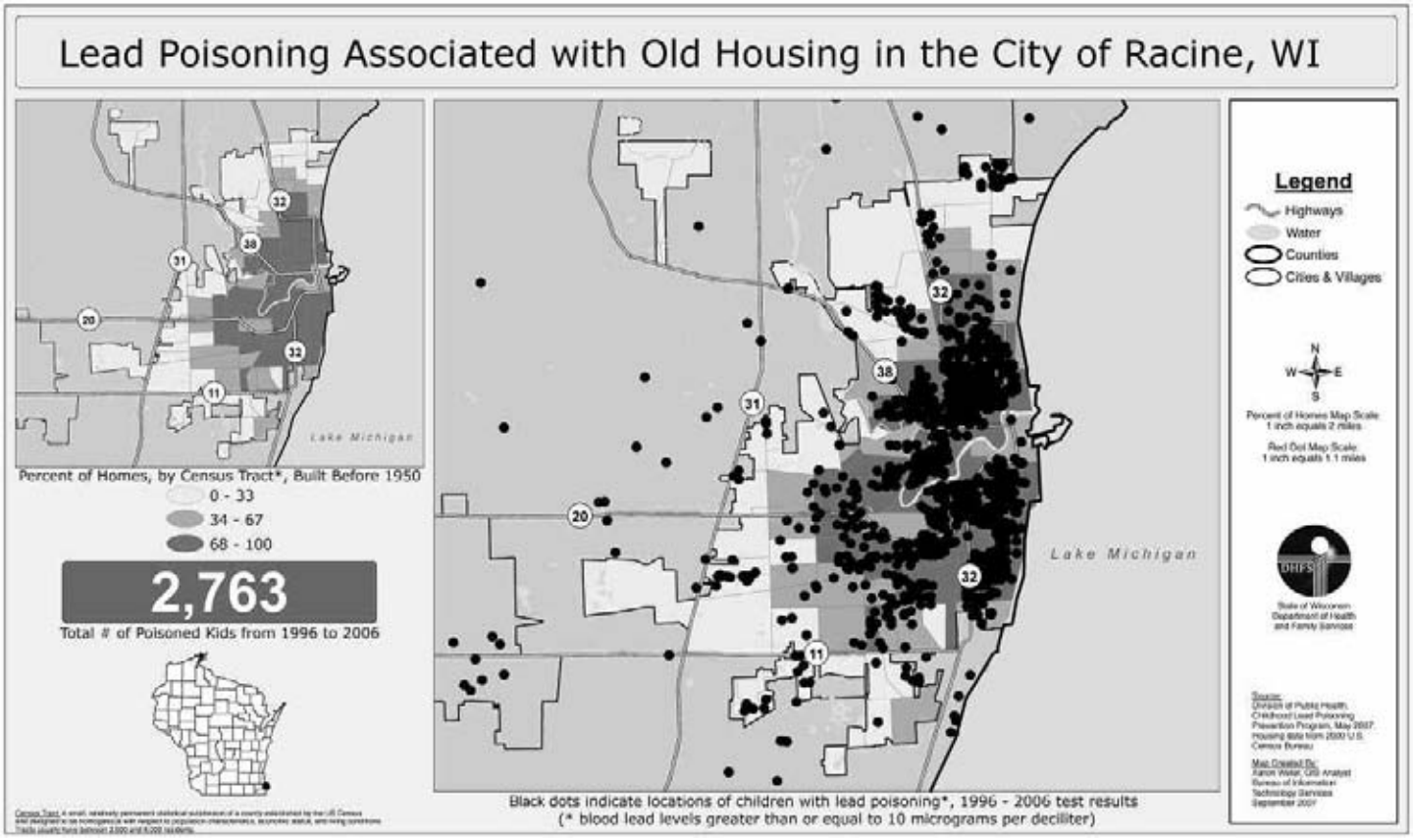
The City of Racine Childhood Lead Poisoning Prevention Program (RCLPPP) receives all lead results of children who have a blood lead test drawn and who live in the City of Racine. Depending on the result of the blood test, different protocols are followed.

If a lead test comes back and is <10 mcg/dL, it is considered normal. The parent of the child tested receives a letter explaining what the lead test means as well as the date when the child's next lead test is recommended.

If the lead result is 10-11 mcg/dl, the family receives a home visit from a RCLPPP staff member or public health nurse who educates them about lead, lead poisoning hazards, and how to eliminate lead poisoning. The family is also provided a cleaning kit (broom, mop, dustpan, household cleaner, bucket, hand soap, dish soap and paper towel) and instructed on how to properly use it to reduce the amount of lead dust present in a home.

If the lead result is >12 mcg/dL, in addition to the educational home visit and cleaning kit, a state certified lead risk assessor (the RCLPPP has three on staff) will conduct a risk assessment to pinpoint where in the home lead is found. The homeowner then receives a risk assessment report as well as environmental orders to have lead abatement work performed to eliminate the lead risks in the home.

Once a homeowner has lead abatement work performed on his/her home, the RCLPPP staff will conduct a clearance inspection at the home to make sure all work has been completed, as well as assuring that minimal lead dust remains in the home. In 2007, there were sixty-five homes made lead safe in Racine.



Programs affiliated with the RCLPPP

The RCLPPP offers a variety of different types of programs for public use. We have a high efficiency particulate air (HEPA) vacuum rental program. These are special vacuums that trap lead dust. They are available for $5 to homeowners and no cost for renters.

In 2007, the RCLPPP was awarded $35,800 in Community Development Block Grants funds to help train local residents to become lead abatement workers. During 2007, there were 16 people who completed this training. The remaining portion of the money was used to give $1,000 grants to people needing lead-abatement work on their homes.

The City of Racine Housing Loan Program was begun in 1983 using $250,000 in Community Development Block Grant funds. Today, the program is self reliant and does about $1 million in home repairs per year, about half of that dedicated to lead abatement. The program offers four different types of low interest home improvement loans.

The lead outreach program distributes lead education throughout our community at places such as at churches, community centers, daycares and medical facilities. If a child is due for a blood lead test, the outreach program will visit the home and draw the child's blood. Public Health Nursing staff also provides primary prevention services to pregnant women, which includes lead education and home assessment to determine risk. Referrals are made to the HUD lead abatement program or the Loan program to fund lead abatement in order to prevent lead poisoning.

Finally, the RCLPPP works very closely with the Kenosha/Racine Lead-Free Communities Partnership Program– a HUD funded Lead Hazard Demonstration Grant. This program offers lead abatement work on homes where the owner is responsible for just 25% of the total cost of work (see related article on page 27).

There has been a lot of progress in eliminating lead poisoning in the City of Racine. Despite all of our efforts however, we still have a long way to go reach our goal of zero children poisoned by 2010. We have to always keep in mind that preventing lead poisoning is much easier than treating it.

For more information please contact the Racine Lead Poisoning Prevention Program at 262. 636.9538. ❑

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added bonus, the new windows, while eliminating the lead, also reduce heating and cooling costs.

Since the program's inception, the communities have seen an increase in owners' and tenants' pride in their homes. Many homeowners who enroll in the program also enroll in other home improvement programs in the communities to make non-lead related improvements. In the City of Racine, ten percent of all units completed have also participated in the City of Racine Housing Loan program.

The program has also noticed a "block effect." When one home on a block enrolls in the program, other homeowners in the area are prompted to apply their homes. At the very least, it gets people talking about lead and the dangers of lead poisoning to children.

Along with lead hazard reduction, the program aims to educate parents and caregivers about lead poisoning prevention and the importance of having all children between the ages of one and six tested annually. Both communities have H.E.P.A. vacuums, special vacuums which trap lead paint and dust, available to borrow at no cost. Cleaning kits and in-home demonstrations on how to eliminate lead dust when cleaning are also available through the local health departments.

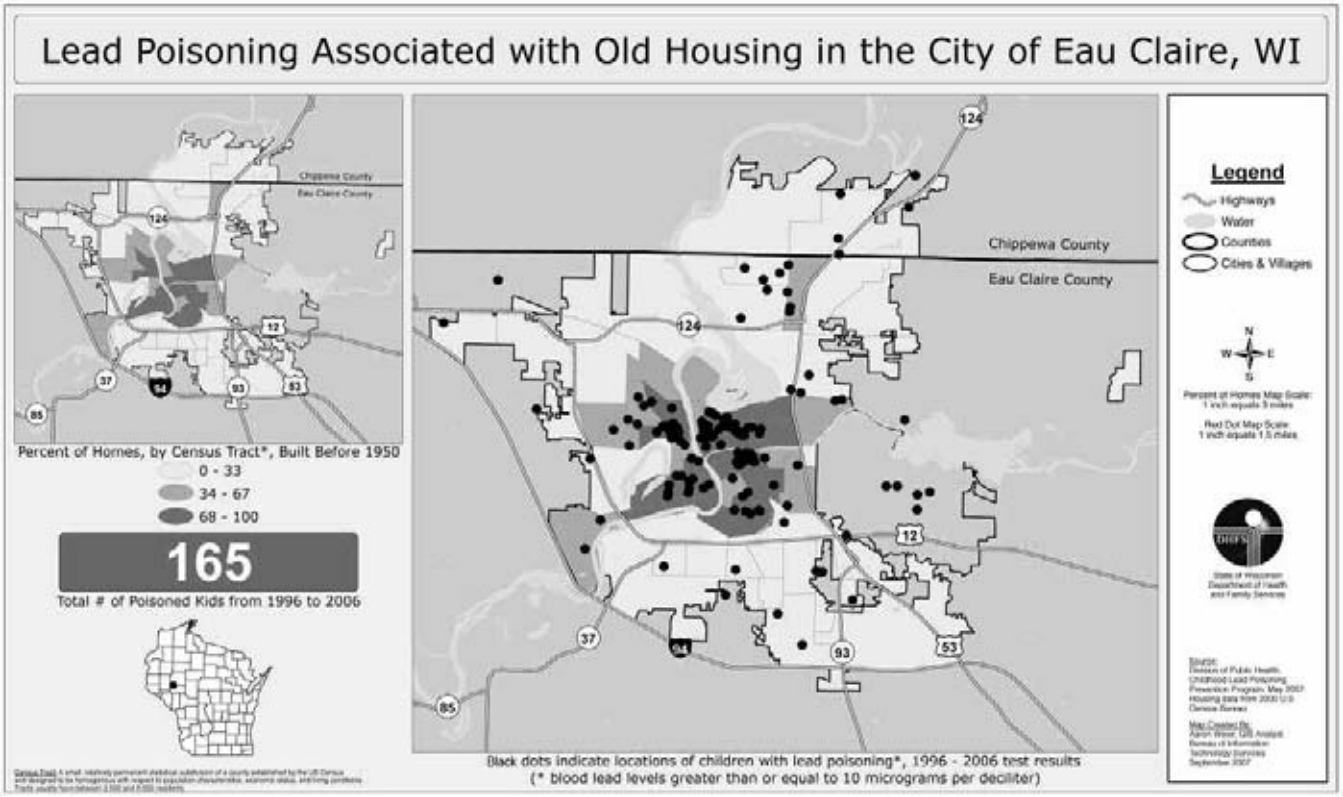
Partnerships within the communities, such as good faith organizations, community centers and social service providers, have provided key access to a wide variety of demographics. Since May 2007, the program has participated in forty eight outreach events and made contact with over 18,000 people.

A portion of the grant funds have been allocated for lead worker training for homeowners and contractors who do home remodeling. The training teaches not only how to conduct lead abatement activities, but also how to safely perform remodeling work on any home built before 1978, where lead-based paint could be an issue. Fifty four workers have been trained in lead-safe work practices to date.

The program is currently accepting applications for both owner-occupied and rental properties built prior to 1978. The home must be in good structural condition and all property taxes must be paid up-to-date. Priority is given to those homes with a child under age six, pregnant woman or home-based daycare. Occupants must be low-to-moderate income.

To begin the process, both the owner and occupant must complete an application. The occupant application requires Social Security cards for everyone living in the house, proof of income, and a bank statement. Any children in the home between the ages of one and six must have had a blood lead test within the past year.

Upon acceptance into the program, a lead risk assessment will be conducted on the home. The risk assessment is used to determine where there is lead paint and if it is a hazard. A hazard is defined by lead paint that is chipping, peeling, flaking, cracking or on a friction



surface, such as a door or window.

Projects are then bid out to the program's state certified lead contractors. The bid is awarded to the lowest qualified bidder. The owner of the property is responsible for twenty-five percent of the cost and the program will pay the other seventy-five percent.

The interior work time is generally three to five days. During that time, occupants are relocated to a local hotel and given a meal stipend, both funded by the program. Upon completion of the work, dust wipe samples are taken from the home's floors and windows to ensure the home is lead-safe. The occupants can then return home. Exterior work varies in amount of time to complete; however, occupants can remain home during that time.

For more information regarding the Kenosha/Racine Lead-Free Communities Partnership please call Racine at 262.619.3572 or Kenosha at 262.605.6762. ❑